COVID-19 Information for Families with Children/Youth with Special Healthcare Needs

* Symptoms associated with COVID-19 (fever, cough, shortness of breath) can range from minor to severe, and while it appears children are less likely to become seriously ill, anyone with immune deficiency or suppression or a chronic illness – such as asthma, emphysema, heart disease, lung disease, or other conditions – may be at higher risk.

* There does not appear to be evidence indicating that children with medical complexity (CMC) develop more serious symptoms; however, it is recommended that anyone who has a serious long-term health problem take extra steps to reduce the risk of getting sick with the virus.

* These actions include distancing from others, also known as social distancing, going out only when absolutely necessary, as well as following measures shown in pictures below.

What should Alaskans do to prevent the spread of respiratory infections?

- Keep at least 6 feet away from ill people who are coughing or sneezing.
- Wash your hands frequently with soap and water for 20 seconds. If you don’t have soap and water, use alcohol-based hand sanitizer that is at least 60% alcohol.
- Try to avoid touching your face, mouth, nose, and eyes.
- Routinely clean frequently touched objects and surfaces, including toys, doorknobs, keyboards, and phones.
- If you begin to feel ill, stay home! Stay home for at least 24 hours after you no longer have a fever without the use of fever-reducing medicines.
- Cover your coughs and sneezes with a tissue and throw away the tissue after use. If you don’t have a tissue, cough and sneeze into the inside of your elbow.
- If you think you have COVID-19, call ahead and make an appointment before seeing a clinician. This will help the health care provider’s office take steps to keep other people from getting infected or exposed. When you call, make sure you tell the provider if you think you may have been exposed to the virus that causes COVID-19, either through travel or with a case of the disease.

Any testing for COVID-19 requires a doctor's order. Do not go to the emergency department or urgent care to obtain a test. If you believe your child needs to be evaluated, call your pediatrician in advance to find out where you should go.

Disaster Distress Helpline at 1-800-985-5990 (1-800-846-8517 TTY)

Careline is Alaska's Suicide Prevention and Someone to Talk to Line

Phone: 1-877-266-4357 or visit https://carelinealaska.com/

For current information related to COVID-19
dial 2-1-1 or 1-800-478-2221 Available 7am - 8pm, 7 days a week
http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx
Checklist for Families with Children/ Youth With Special Health Care Needs

*Have a good supply of medications, durable medical equipment (DME), special nutritionals, and other supplies, so you can stay home for an extended period, if needed.

*You may need to contact your physician for extra medication or change to a mail-order pharmacy to obtain more than a month's supply. Try to have a 90-day supply.

*For children with asthma, try to have extra inhalers and follow your asthma plan.

*Frequently clean and disinfect DME, assistive technology and adaptive equipment.

*Understand that protective equipment - gloves, water repellent gowns, face shields -may be necessary for home care workers, especially for children with secretions. Please limit use when possible due to concerns over severe shortages.

*Ask home nurses and other healthcare workers to stay away if they have any respiratory symptoms. Plan for absences and changes in schedule.

*Keep family emergency preparedness kits well stocked with food, water, household supplies, and other items. If you have a go-bag, such as an emergency kit for a tracheostomy or gastronomy tube (G-tube), make sure it is includes back up supplies.

*Arranging alternative strategies for home visitors, such as video chats or phone calls.

*Develop a plan for emergency caregivers in case family members or guardians become ill.

*Try to assure children are cared for by people they know so there are minimal separations from familiar caregivers.

*If service animals are in the house, make sure children and animals stay together.

*Complete a Medical and Emergency Care Plan detailing your child's medical needs, list of medical provider with phone numbers, and family or friends who can help in an emergency.

This document should be shared with and carried by youth and families/caregivers.

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<th>Date Completed:</th>
<th>Date Revised:</th>
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### Contact Information

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<th>Name:</th>
<th>Nickname:</th>
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<tr>
<th>Parent (Caregiver):</th>
<th>Relationship:</th>
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<thead>
<tr>
<th>Address:</th>
<th>Cell #:</th>
<th>Home #:</th>
<th>Best Time to Reach:</th>
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<th>E-Mail:</th>
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<td>Text Phone Email</td>
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<tr>
<th>Health Insurance/Plan:</th>
<th>Group and ID #:</th>
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### Emergency Care Plan

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<tr>
<th>Preferred Emergency Care Location:</th>
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### Common Emergent Presenting Problems

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<tr>
<th>Suggested Tests</th>
<th>Treatment Considerations</th>
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### Special Concerns for Disaster:

### Allergies and Procedures to be Avoided

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<th>Allergies</th>
<th>Reactions</th>
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<tr>
<th>To be avoided</th>
<th>Why?</th>
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<tbody>
<tr>
<td>Medical Procedures:</td>
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<tr>
<td>Medications:</td>
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### Diagnoses and Current Problems

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<thead>
<tr>
<th>Problem</th>
<th>Details and Recommendations</th>
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- Primary Diagnosis

- Secondary Diagnosis

- Behavioral
- Communication
- Feed & Swallowing
- Hearing/Vision
- Learning
- Orthopedic/Musculoskeletal
- Physical Anomalies
- Respiratory
- Sensory
- Stamina/Fatigue
- Other
### Medications

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<thead>
<tr>
<th>Medications</th>
<th>Dose</th>
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### Health Care Providers

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<tr>
<th>Provider</th>
<th>Primary and Specialty</th>
<th>Clinic or Hospital</th>
<th>Phone</th>
<th>Fax</th>
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### Prior Surgeries, Procedures, and Hospitalizations

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### Baseline

**Baseline Vital Signs:** Ht  Wt  RR  HR  BP

**Baseline Neurological Status:**

### Most Recent Labs and Radiology

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<th>Test</th>
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<th>Result</th>
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**Tests:**
- EEG
- EKG
- X-Ray
- C-Spine
- MRI/CT
- Other

**Other:**

### Equipment, Appliances, and Assistive Technology

- [ ] Gastrostomy
- [ ] Tracheostomy
- [ ] Suctions
- [ ] Nebulizer
- [ ] Other

- [ ] Adaptive Seating
- [ ] Communication Device
- [ ] Monitors:
- [ ] Apnea
- [ ] O2
- [ ] Cardiac
- [ ] Wheelchair
- [ ] Orthotics
- [ ] Crutches
- [ ] Walker
- [ ] Glucose

- [ ] Other
## School and Community Information

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<thead>
<tr>
<th>Agency/School</th>
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### Special information that the youth or family wants health care professionals to know

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Youth signature

Print Name

Phone Number

Date

Parent/Caregiver

Print Name

Phone Number

Date

Primary Care Provider Signature

Print Name

Phone Number

Date

Care Coordinator Signature

Print Name

Phone Number

Date

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Please attach the immunization record to this form.